PTO/SB/17 (12-04v2)
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	Effective on 12/08/2004. Simulation of the Consolidated Appropriations Act, 2005 (H.R. 4818)	Complete If Known		
RĀ	rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818	Application Number	10/774,833	
-	THE TOALICE TAL			

FEE	TRANSMITTAL
	for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

(\$)380.00 TOTAL AMOUNT OF PAYMENT

Complete If Known				
Application Number	10/774,833			
Filing Date	February 9, 2004			
First Named Inventor	David C. Barry			
Examiner Name	Natalie R. Pous			
Art Unit	3731			
Attorney Docket No.	CRD0711DIV2 (0805-0338)			

METHOD OF PAYMEN	T (check all	that apply)					
Check Credit	Card N	Money Order	None [Other (please	identify):		
Deposit Account	Deposit Account	Number: <u>50-103</u>	39	Deposit Accour	nt Name: Cook, /	Alex, et al.	
For the above-iden	itified deposit a	account, the Dir	ector is hereby at	uthorized to: (che	ck all that apply	·)	
Charge fee(s)	indicated belo	ow.		Charge fee(s) indicated belo	w, except for the	e filing fee
		or underpaym	ents of fee(s)	Credit any ov		•	-
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information and authorization			edit card imornia				
FEE CALCULATION							
1. BASIC FILING, SEA	ARCH, AND	EXAMINATIO	N FEES				
·	FILING F		SEARCH I	FEES	EXAMINA	TION FEES	
	<u>s</u>	mall Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	. 0	0	0	0	
2. EXCESS CLAIM FE	ES					<u>s</u>	mall Entity
Fee Description						Fee (\$)	Fee_(\$)
Each claim over 20 (inc						50	25
Each independent clain		luding Reissu	es)			200 360	100 180
Multiple dependent cla Total Claims	ims Extra Cla	ime Fee	e (\$) Fees Pa	id (\$)		Multiple Depe	
- 20 or HF		<u>irris</u> Y	= 166310	ια (ψ)		Fee (\$)	Fee Paid (\$)
HP = highest number of total of	claims paid for, it	f greater than 20					
Indep. Claims	Extra Cla	<u>ims </u>	e (\$) Fees Pa	id (\$)			
3 or HP		x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
4	Extra Sheets	33 U.S.C. 411 Num	ber of each add	itional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 = /50= (round up to a whole number) x =							
4. OTHER FEE(S) Fee Paid (\$)						Fee Paid (\$)	
Non-English Spec	ification. \$	130 fee (no si	mall entity disco	ount)			
Other (e.g., late fil	ing surcharg	e): Terminal	Disclaimers (2)	PTO/SB/25 &	PTO/SB/26;	l month ex	380.00
, 0,							

SUBMITTED BY	0		
Signature	loyed Whole	Registration No. 26,306 (Attorney/Agent)	Telephone 312-236-8500
Name (Print/Type)	Raymond M. Mehler		Date January 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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